Clinical Section 57

CASE II.

SCLERODERMA WITH SUBCUTANEOUS NODULES.

MRS. H. P., aged 28. The patient was shown before this Section last session[1] and is shown again as then requested.

The present trouble began about six years ago and she first noticed the nodules about three years ago.

Past History.—Nothing to note. No septic focus ever found.

Present Condition.—The patient is fairly well nourished but of poor physique. *Face*: Nose slightly cyanosed and the skin shiny. The voice is hoarse but has been so for many years since an operation for removal of tonsils.

The Hands: Hands and forearms deeply cyanosed; skin atrophic and shiny and sweating noticeable. The fingers are stiff and are moved with difficulty. The terminal phalanges are atrophied and on their palmar surface there are enlarged vessels under the skin. These are at times very irritable, like "chilblains." The nails are becoming smaller.

The Nodules: Little changed since patient was last shown. They vary from about a $\frac{1}{4}$ to 1 cm. in diameter. They are most numerous in the fascial tissues round joints and tendon sheaths, especially on the elbows and backs of the hands. A few are present on the knees and ankles.

Treatment has been carried out with thyroid and electrical baths and the patient considers herself somewhat improved.

Erythema Nodosum, leading to the Detection of Latent Hilus Tuberculosis.

By F. PARKES WEBER, M.D.

THE patient, H. H., aged 10, is a rather fat girl, with slight hypertrichosis of the back of the thorax. Excepting for ear disease, for which a right mastoid operation was performed at the age of seven months, she has usually enjoyed good health. Her enlarged tonsils were excised thirteen months ago. She is the youngest of a family of eight brothers and sisters, who, as well as the mother and father, are all living. The present trouble, which was first noticed on February 21, now (March 3) consists of several large, shiny bluish patches of erythema nodosum in front of the legs, over or close to the tibiæ. There are none on the upper extremities or elsewhere on the lower extremities. No pain has been complained of, and the patient does not now feel ill, though she was ailing for a week before the erythema nodosum attracted attention.

By ordinary examination there is no evidence of disease in the thoracic or abdominal viscera or in the mouth or tonsils, but there is some chronic enlargement of cervical lymphatic glands, and the Pirquet cuti-reaction for tuberculosis is strongly positive (allergic response). Moreover, a Roentgen skiagram of the thorax shows enlarged bronchial glands, doubtless due to tuberculosis. So that there is a condition of bilateral hilus tuberculosis present, as well as possible tuberculosis of cervical lymphatic glands.

In this case the attack of erythema nodosum should, I believe, be interpreted as the manifestation of a mild "tuberculous bacillæmia," due to the "escape" or

[1] See *Proceedings*, 1926, xix (Clin. Sect.), p. 36.

"overflow" of tubercle bacilli from some previously latent tuberculous focus, probably in the lymphatic glands at the roots of the lungs or in the neck. A tuberculous bacillæmia of this nature is one of the causes of erythema nodosum, though there are certainly other infections which may give rise to an attack. It is, therefore, easy to understand why erythema nodosum may occasionally be followed by fatal tuberculous meningitis and generalized miliary tuberculosis.[1]

[1] Cf. F. Parkes Weber, "Erythema Nodosum with Tuberculous Bacillæmia and Meningitis," *Brit. Journ. Child. Dis.*, London, 1924, xxi, p. 119, and "Further Note on Erythema Nodosum," *ibid.*, 1925, xxii. p. 133.